

XX-XX ALLOWABLE USES OF CHVP FUNDING FOR MENTAL HEALTH AND SOCIAL WORKER CONSULTATION IN HOME VISITING

Disclaimer: This Policy and Procedure is a DRAFT for feedback and is not active at this time.

PURPOSE

To provide support to local California Home Visiting Programs to build capacity and enhance mental health supports.

POLICY

Local health jurisdictions (LHJs) may use a portion of their State General Fund (SGF) or Maternal, Infant, Early Childhood Home Visiting (MIECHV) (*pending HRSA approval*) allocation for mental health consultation for CHVP in alignment with the parameters outlined below.

This policy does not allow for use of CHVP funds for direct mental health care for home visiting families; however, the mental health consultant or social worker may provide direct mental health services to participants through other funding sources.

PROCEDURE

- I. Parameters and Procedures
 - A. Mental health consultant or social worker may support LHJ home visiting staff by providing guidance, support, and expertise in addressing mental health related issues and challenges that may arise within the context of their work. Mental health consultation to the home visiting staff may include:
 - i. Individual and group level reflective consultation with home visiting staff including in conjunction and with the support of the program manager/supervisor
 - ii. Providing an ongoing and regular opportunity for home visitors to reflect on, sort out, and cope with the strong feelings brought on by their complex work with families

CHVP | Policies and Procedures

- iii. Supporting with reflective practice to help home visitors consider their own behaviors and practices that affect their work, and explore ways to work more effectively

B. Mental health consultant or social worker may partner with home visitors to ensure that home visitors have the knowledge and skills to be successful in working with families who present mental and behavioral health challenges. Mental health consultation in building home visitors' capacity to support families may include:

- i. Supporting home visiting programs to strengthen policies and procedures for supporting and linking families to mental health services
- ii. Building relationships with local mental health professionals for participant referrals/linkage
- iii. Establishing protocols and practices for home visiting staff to use with families during challenging and/or crisis situations, including heightened emotional and mental states or situations in the home, and for safety planning with families
- iv. Identifying and embedding other evidence-based approaches (i.e., supplemental activities or curricula) in home visiting to support mental health and wellbeing of families, with approval from CDPH and model developers as needed
- v. Supporting the program to identify and work to address service gaps and capacity needs regarding mental health issues in families
- vi. Building home visitors' capacity to conduct screenings (e.g., screenings for maternal depression, intimate partner violence and developmental delays) that identify the mental health and developmental needs of children and families
- vii. Helping home visitors support families in creating emotionally safe home environments that foster children's learning and growth
- viii. Providing mental/behavioral health training including but not limited to trainings on the following topics:
 - 1. Perinatal mood and anxiety disorder, alcohol and drug use disorder, best practices and support for screening, trauma informed practices, and intimate partner violence prevention and response



CHVP | Policies and Procedures

C. Mental health consultation may not include:

- i. A direct mental health service or treatment, such as therapy or counseling provided directly to families by a mental health consultant
- ii. A service requiring diagnosis
- iii. A helpline staffed by a mental health consultant
- iv. A stand-alone mental health training series with no ongoing support
- v. A coaching service based on implementing one specific curriculum, assessment, or model

D. Allowance for use of funding for mental health consultation will be considered on a case-by-case basis. If directly hiring a mental health consultant on staff, reference the chart below for examples of FTE for mental health consultant or social worker to home visitor ratio. The maximum allowable FTE for mental health consultant is 1 FTE.

FTE Home Visitor	Maximum FTE Mental Health Consultant or Social Worker
2	0.25
4	0.5
8+	1.0

- E. Mental health consultation must be approved by CHVP prior to being added to the relevant CHVP budget. See the request form for mental health consultation on the CHVP SharePoint website.
- F. CDPH/CHVP reserves the right to approve or deny all or part of an LHJ’s request.
 - A. LHJs must have approval from their EBHV model developer(s) prior to submitting a request to CDPH/CHVP.

AUTHORITY/REFERENCES

- ▶ Model Requirements and Recommendations



CHVP | Policies and Procedures

- ▶ [Local MCAH Fiscal Policy and Procedure](#)
- ▶ Embedding Infant and Early Childhood Mental Health Consultation in Maternal, Infant, and Early Childhood Home Visiting Programs:
<https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/iecmhc-roadmap.pdf>
- ▶ Request Form for Mental Health Consultant with California Home Visiting Program (CHVP) on the CHVP website.

DRAFT